medical expenses, in toto, incurred by a retired Central Government employee;

(c) if so, whether Government are considering to implement the decision of the apax Court be extending medical facilities to retired Government employees living in the area outside the jurisdiction of CGHS and making them eligible for reimbursement of such expenses;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Based on the facts of the case of an employee of the Govt. of Punjab, the Supreme Court has held that "it is but the duty of the State of bear the expenditure incurred by the Govt. servant. Expenditure, thus, incurred requires to be reimbursed by the State to the employee". The court has further observed that "having had the constitutional obligation to bear the expenses for the Govt. Servant while in service or after retirement from service, as per the policy of the Govt. the Govt. is required to fulfil the constitutional obligation. Necessarily, the State has to bear the expenses incurred in that behalf".

(c) to (e) As per existing Rules, the serving Central Govt. employees are extended medical facilities either under CGHS or under CS(MA) Rules. The pensioners are covered only under CGHS. The Fifth Central Pay Commission, in its Report, has recommended extension of CS(MA) Rules, 1944, to pensioners, not covered under CGHS, in a restricted manner "so as to facilitate reimbursement of expenditure on hospitalisation in a Govt. hospital/private hospital recognised under CGHS or under CS(MA) Rules for the purpose". This proposal is under examination of the Government.

Spread of Hepatitis-B in the Country

982. SHRI JANARDHANA POOJARY:
SHRI IQBAL SINGH:

Will the PRIME MINISTER be pleased to state:

(a) whether Government's attention has been drawn to the article published in India Today, dated the 30th June, 1997 under the caption 'Hepatitis-B killer on the prowl, more infectious than HIV, the hepatitis virus is taking a growing toll in India;

(b) if so, whether Government are taking any steps to fight this menace; if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) The following steps have been taken for prevention and control of Hepatitis-B infection;

(1) It is mandatory to screen all blood donations for Hepatitis-B virus before transfusion.

(2) States and Union Territories have been advised to take preventive measures and immunize hospital workers.

(3) Efforts are being made to promote safe sex behaviour under the National AIDS Control Programme. The routes of transmission for both diseases are the same.

(4) Provision of separate syringe and separate needle for each vaccination under the Universal Immunisation Programme.

(5) It has been decided to immunize hospital workers of Central Government Hospitals against Hepatitis-B.

(6) Guidelines have been issued for the use of a separate sterile syringe and needle for each injection.

(7) Health Education.

(c) Does not arise.

Deaths caused by epidemics

983. SHRI YERRA NARAYANASWAMY: Will the PRIME MINISTER be pleased to state:

(a) whether any priority has been accorded by Government to prevent deaths caused by epidemics and afflictions like plague, malaria and dengue;

(b) whether there is any overall strategy to study and tackle such serious health hazards;

(c) if so, when was the strategy developed; and

(d) the details of funds allocated to implement this nation-wide, anti-mass casualties and affliction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) A National Apical Advisory Committee has been constituted under the Chairmanship of Union Health Secretary to formulate a nation-wise disease surveillance network. The action points envisaged under the disease surveillance scheme are collection and flow of information, strengthening of laboratory diagnostic sevices, networking of centres and continuous monitoring of disease prevalence.

(c) The strategy for establishing a national disease surveillance system was initiated in 1994-95.

(d) Rs.3.00 crore have been allocated for disease surveillance during 1997-98.

Per captia Expenditure on Medicines in rural areas

984. SHRI MD. SALIM: Will the PRIME MINISTER be pleased to state:

(a) the per capita amount spent on medicines in rural areas during the last three years, State-wise; and

(b) the steps Government propose to take to raise the limit of expenditure?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The Centre does not maintain the record of per capita expenditure on medicines. However, as per the information available from the Central Statistical Organisation, a statement showing Government expenditure on public health and also the per capita expenditure on health, and also the per capita expenditure on health, State/UT-wise is at Annexure [*See* Appendix 181, Annexure No. 29]. This does not include the expenditure on Public Health by local authorities. The State-wise allocation of grant-in-aid under Family Welfare Programme is at Annexure. [*See* Appendix 181, Annexure No. 29]

Efforts are being made to provide more funds, in the 9th Five Year Plan.

T.B. Patients in the Country

985. SHRI MD. SALIM: Will the PRIME MINISTER be pleased to state the State-wise number of people suffering from T.B. in the rural as well as urban areas in the country, during each of the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): It is estimated that about 14 million people are suffering from tuberculosis in the country. The ratio of TB cases to population both in urban and rural areas is almost same. A statement indicating number of new TB cases reported during the last 3 years, State-wise is annexured (*See* below).